



Modernising Patient Pathways

Annual Report 2024/2025

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► Foreword

Welcome to the Modernising Patient Pathways Programme (MPPP) Annual Report for 2024/2025.

This year's report reflects the continued commitment and innovation of clinical and operational teams across NHS Scotland in transforming planned care services. Against a backdrop of sustained pressure on waiting times, MPPP has remained focused on delivering scalable, evidence-based improvements that support the recovery and resilience of our health system.

Our collaborative approach has never been more vital. Through 16 Specialty Delivery Groups (SDGs) and four additional improvement workstreams, we have engaged over 1,500 multidisciplinary stakeholders to co-design and implement high-impact pathways. These efforts have resulted in a suite of 76 published pathways and resources, supporting Boards to redesign services and improve access to care.

In 2024/2025, we saw significant progress in the adoption of Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR), with over 148,000 referrals returned to Primary Care and more than 82,000 patients added to PIR pathways. These approaches have not only improved patient experience and outcomes but also contributed to substantial cost avoidance and reduced travel, aligning with NHS Scotland's sustainability goals.

Our Heat Maps continue to provide a national lens on pathway maturity and implementation, enabling targeted support and fostering shared learning across Boards. The introduction of new specialties and refined data capture in the 2025/2026 Heat Map will further enhance our ability to drive improvement.

We are also proud of the strides made in strengthening the Primary and Secondary Care interface. The development of the Active Dissemination Framework and the success of the National Clinical Pathways Webinar Series are helping to embed pathways at the point of care, ensuring that improvements are felt by patients and clinicians alike.

Looking ahead, MPPP will play a central role in supporting NHS Scotland's strategic objectives, including the delivery of sustainable planned care, the development of target operating models, and the implementation of the Framework for Perioperative Services. Our new Outpatient Improvement Group will work alongside SDGs to ensure that targeted approaches to ensure optimal waiting list management such as Patient Focused Booking and 'booking in turn' are effectively realised.

We remain committed to working in partnership with Health Boards, the Scottish Government, and our wider stakeholders to deliver meaningful and measurable change. Together, we will continue to modernise patient pathways, reduce unwarranted variation, and improve access to timely, person-centred care.

We hope you find this report informative and inspiring, and we look forward to continuing this important work with you in 2025/2026.

Laurence Keenan
National Associate Director -
Modernising Patient Pathways





The Modernising Patient Pathways Programme Team

► **About the Modernising Patient Pathways Programme**

The Modernising Patient Pathways Programme team (MPPP), part of the Centre for Sustainable Delivery (CfSD), supports the delivery of improvements primarily in planned care across NHS Scotland.

We support front line clinical teams to develop sustainable improvements in service delivery.

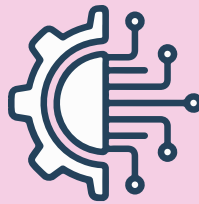
Our team provides expertise in helping to redesign models of care, sharing best practice, and helping services to balance capacity with demand.



► 2024/2025 at a glance



16 Specialty Delivery Groups (SDG) with over **1,500** members and stakeholders.



4 additional clinically focused improvement work streams.



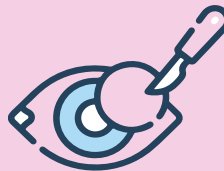
76 pathways and resources published and available to Boards to implement.



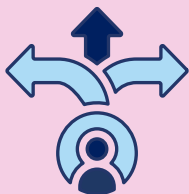
82,507 patients added to Patient Initiated Review (PIR) pathways.



MPPP resources to support Primary Care Clinicians accessed on average **1,000** times every week



74% of cataracts delivered on cataract-only lists.



148,542 referrals returned to Primary Care with advice and/or patients added to Opt-In pathways as a result of Active Clinical Referral Triage (ACRT).



7,755 hip replacement patients and **8,790** knee replacement patients discharged by day 3 through Enhanced Recovery After Surgery (ERAS). This is an increase to **81%** of procedures, compared to **73%** in 2022/2023.



207 Health Professionals attending the first three National Clinical Pathways Webinars, with an average satisfaction score of **4.4/5**



► Pathways and Processes: Implementing High Impact Approaches

Pathways and Resources

We use our Specialty Delivery Groups (SDGs) to establish consensus on patient pathways for high volume procedures, conditions, and patient groups.

The membership of the SDGs are responsible for approving the pathway content on behalf of their Health Board, and have a key role in the cascade and implementation of the pathway once published.

All pathways are developed in accordance with the agreed CfSD process to ensure they are robust and clinically relevant, as well as ensuring relevant stakeholders (including Primary Care) have been engaged throughout the process.

SDGs also review published pathways regularly to ensure they remain relevant and reflect any recent changes in the evidence base.

Progress in 2024/2025

During 2024/2025, 15 additional pathways and resources were published by the SDGs. This brings the total number currently published to 76. A full list of these resources is included in the appendix.

Active Clinical Referral Triage (ACRT) and Opt-in

ACRT

ACRT refers to the enhanced process of vetting referrals from primary and secondary care.

A senior clinical decision-maker (e.g. a Consultant or Advanced Practitioner) reviews each patient's electronic records, including imaging and lab results, and triages to the most appropriate, evidence-based pathway.

Opt-In

One outcome of ACRT is Opt-in.

The Opt-in process aims to improve patient understanding and support shared-decision making.

Following triage, patients are provided with clinical information related to their condition and possible options for care - including self-management - through appropriate resources such as booklets or websites.

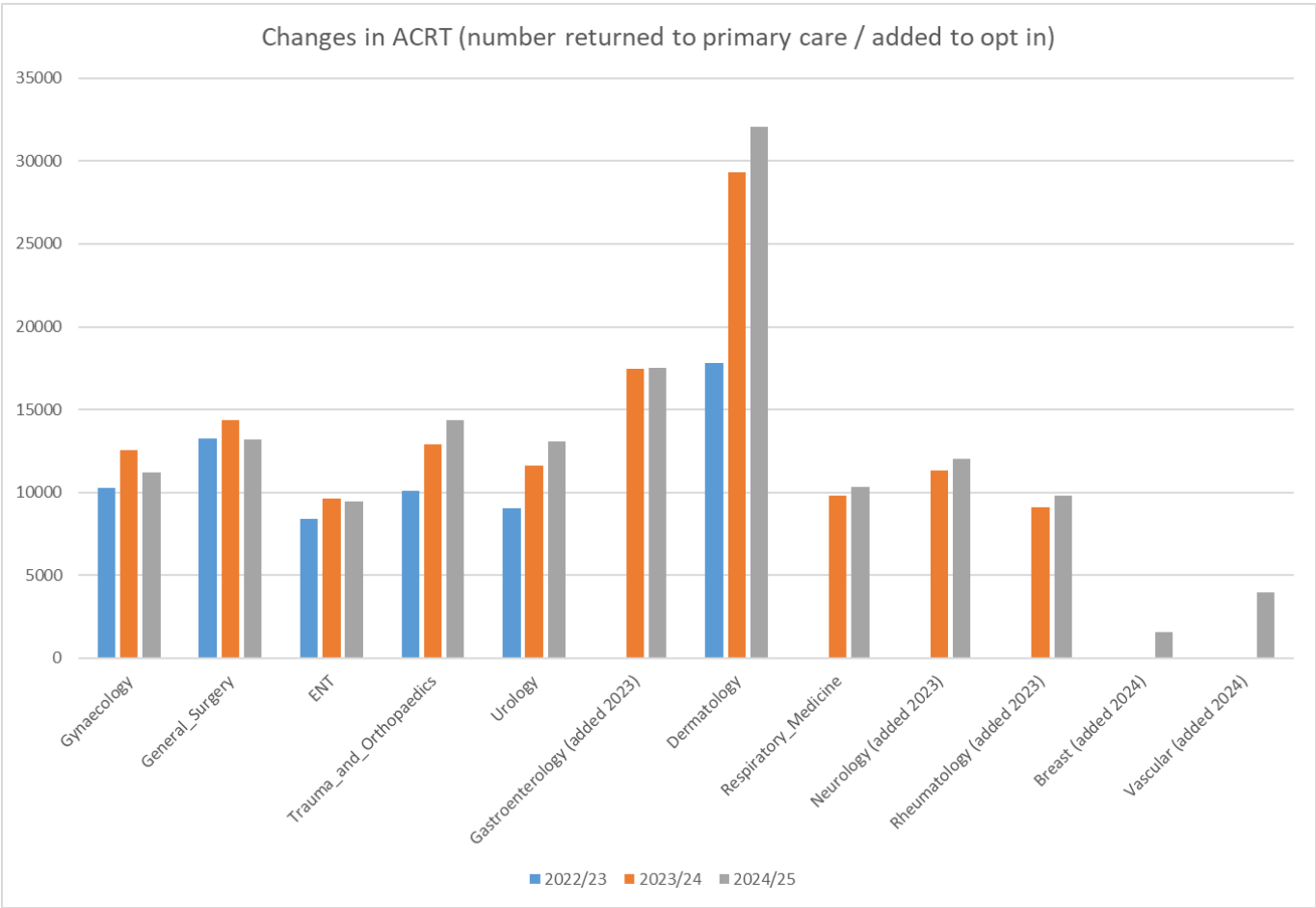
The patient is then empowered to decide if and when to contact the service regarding their problem.



Progress in 2024/2025

In most Specialties ACRT is becoming the standard approach. As a result, in some Specialties the number of referrals returned to Primary care has stabilised at 2023/24 levels. Some reductions are expected as tools like the Right Decision Service help improve referral quality and pathway changes become embedded.

- A total of 148,542 outpatient appointments were returned to Primary Care with advice and/or added to Opt-in pathways a 7.5% increase on 2023/2024.
- This equates to £31 million in cost avoidance and 2.4 million miles of patient travel avoided.



The Future

We will continue to promote ACRT and Opt-in in 2025/2026 across those Specialties and Board combinations that have yet to fully realise the benefits.

Peer comparison charts showing Board and Specialty breakdowns of the proportion of referrals returned to Primary Care with advice and added to Opt-in pathways are being shared with Boards to identify further opportunities.

New Opt-in pathways continue to be developed through SDGs. In 2025/26, Health Boards will be invited to provide separate data on referrals returned to the original referrer and those added to Opt-in pathways, as an optional data item. This will help improve understanding of the impact of Opt-in.



Patient Initiated Review (PIR)

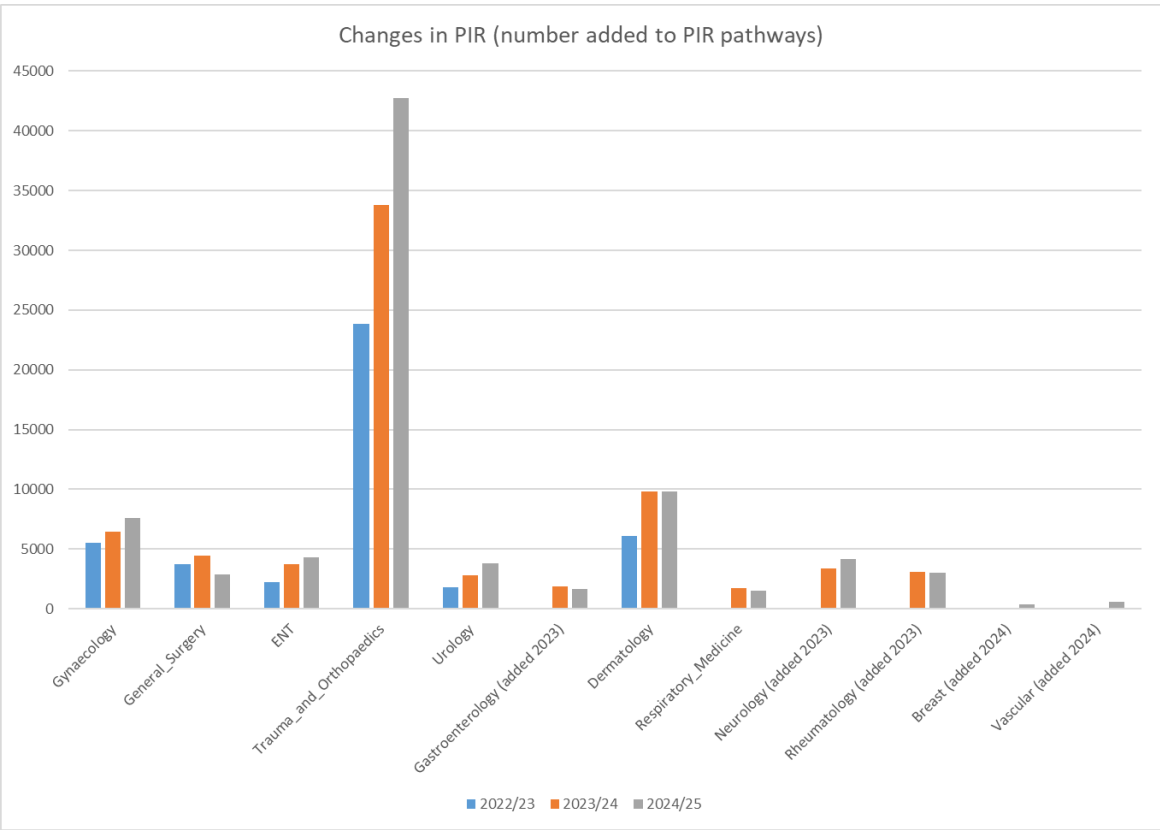
Patients who will not benefit from being offered routine follow-up appointments are offered a reliable self-referral process for issues related to their specific condition. This includes written guidelines on how to re-engage directly with the appropriate hospital service, without requiring a new referral from their GP.

PIR processes have the potential to improve services by eliminating unnecessary appointments both face-to-face and virtual - simply by sharing information, agreeing on a management plan for each individual, and facilitating access to the service. PIR also applies to patients with chronic conditions who remain under Secondary Care but do not require routine reviews and would benefit from a direct-access, self-referral pathway.

Progress in 2024/2025

In 2024/25 a total of 82,507 patients were added to PIR pathways - a 16.0% increase on the previous year. The largest growth was seen in Orthopaedics.

This is the equivalent of £13 million in cost avoidance and 1.5 million miles of patients (based on the assumption that each PIR patient would otherwise attend one appointment).



The Future

PIR remains a priority for 2025/2026. We will explore whether broadening the definition to include chronic patients not for discharge encourages uptake in medical specialties. Peer comparison charts showing Board and Specialty breakdown of patients added to PIR pathways as a proportion of all return activity are being shared with Boards to identify potential additional opportunities, with Boards encouraged to realise these opportunities either to reduce return waits, or see additional new patients.



► Supporting Frontline Teams to Make Change

Heat Maps and Board Engagement

Heat Maps help align priorities between MPPP and local teams, while also tracking in year progress, highlighting best practice, and identifying areas for improvement.

A Heat Map and engagement meeting creates a 'golden-thread' between Board Leadership and the nominated SDG members responsible for implementing national pathways and high- impact approaches locally.

Currently, the Heat Map remains the only national data source used to measure the impact of Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR).

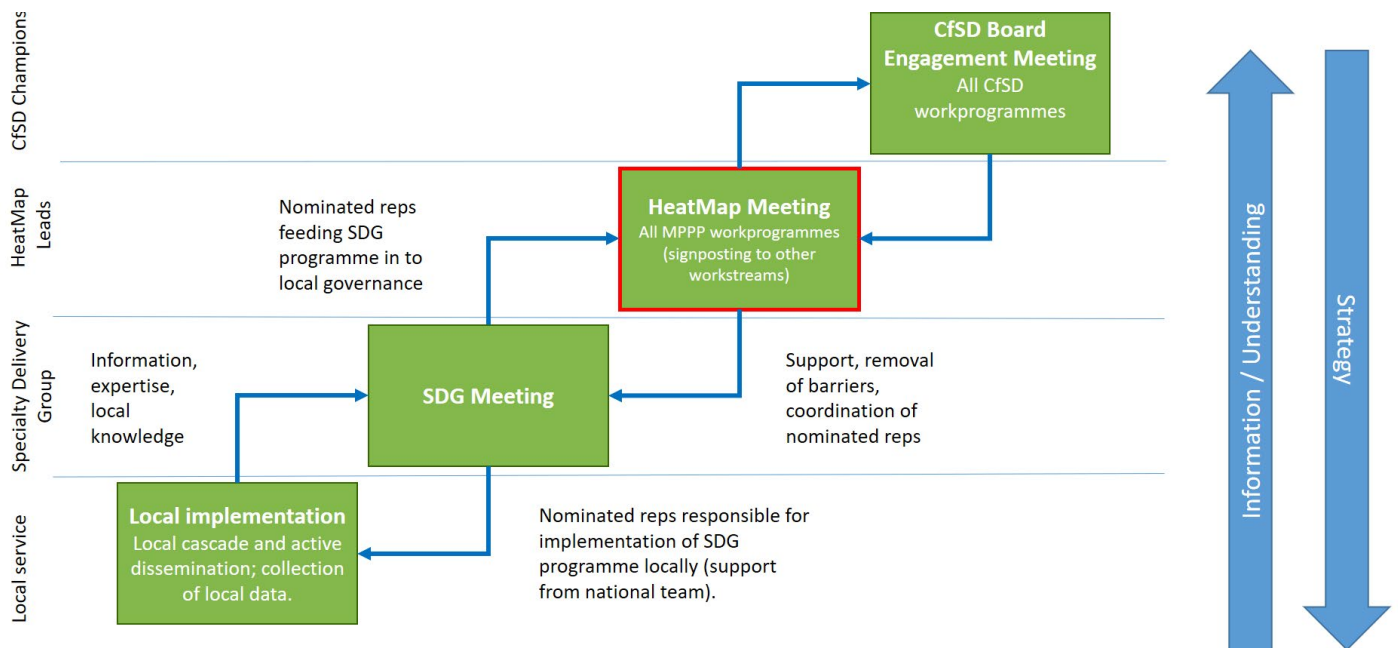


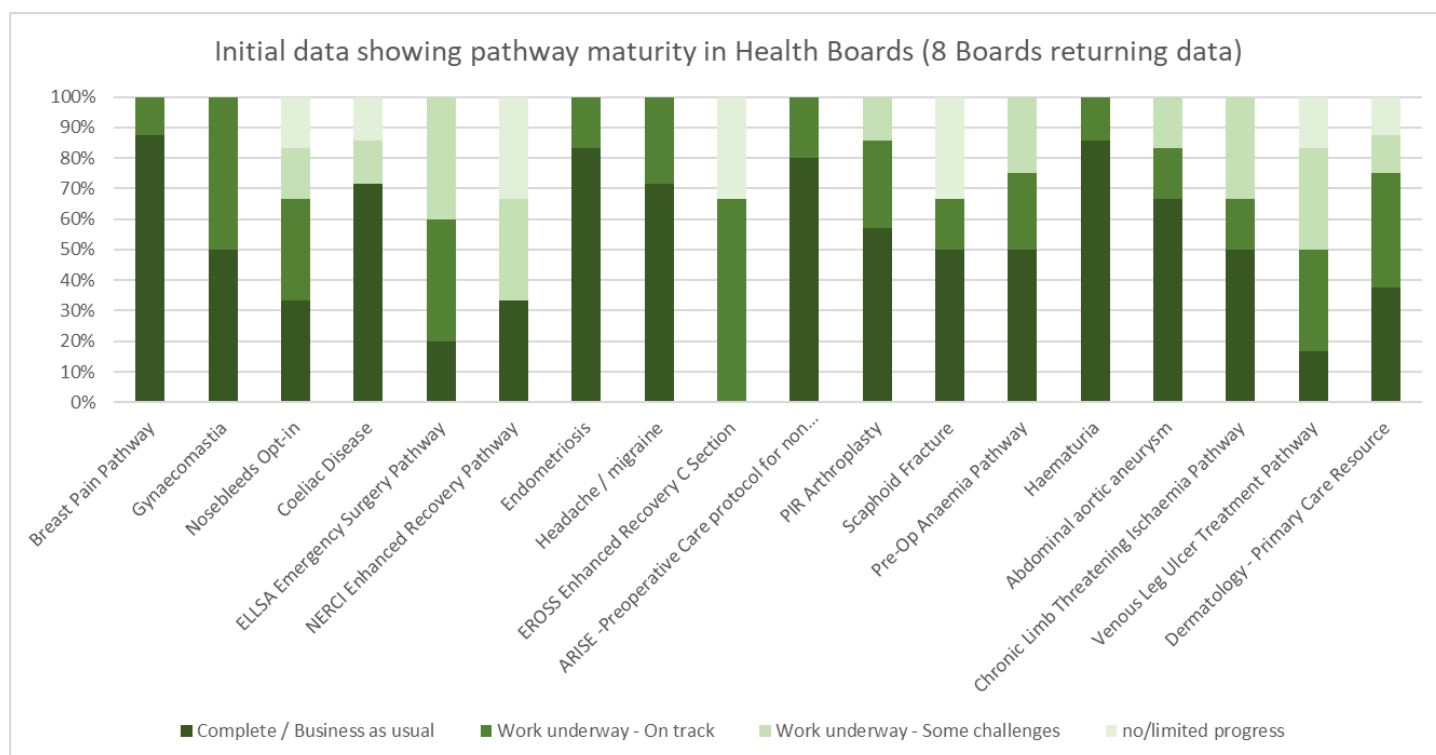
Diagram showing how the Heat map and Heat map meeting supports implementation

Progress in 2024/2025

In 2024/25, all but one mainland Health Boards met regularly with MPPP to discuss their Heat Map submissions and provide a link between the improvement work underway in SDGs and Health Board management structures.

To support this, a new bi-monthly report was introduced, summarising activity across all SDGs and raising awareness of SDG business among CfSD Champions and Heat Map Leads.

For the first time, the Heat map also captured data on pathway maturity. Although this was a subjective measure, it provided an opportunity for Leads to discuss with their representatives on SDGs the maturity of the pathway implementation in local Board settings; this being an opportunity to offer support, challenge, and potentially remove barriers.



The Future

The 2025/2026 Heat Map will include additional Specialties under ACRT and PIR - namely Cardiology, Diabetes and Endocrine, Maxillo-facial and Plastic Surgery.

Health Boards are being given the option to breakdown ACRT into:

- Patients returned to Primary Care with advice
- Patients added to Opt-in pathways

Similarly, PIR data can be broken down into:

- Patients discharged from Secondary Care
- Patients retained but with a self-referral route

For the first time, the Heat Map will also include the number of Immediate Sequential Bilateral Cataract Surgery (total number of eyes), enabling more robust capture of this information.

The pathway maturity measure will continue to be included, and will now also reflect pathways currently in development, with the expectation that these will go live during the year.

To avoid an excessive burden on data capture for Health Boards, ERAS and Day Surgery data is not being captured via the Heat Map, as this data is available elsewhere. However, both will continue to feature in Heat Map discussions with Boards.





Case Study: Managing CfSD Programmes Locally

During 2024/2025 NHS Fife established a programme of ACRT and PIR implementation lead by their PMO team. The team met with Clinical and Operational team to promote CfSD pathways alongside locally agreed pathways. An 'ACRT Clinical Conditions List' was developed and shared, including standard leaflets that could be sent as a result of triage. A dashboard of ACRT and PIR data was established, including a speciality breakdown showing back to the referrer, Opt-in, numbers on PIR pathways and even the proportion of patients option into to Secondary Care.

In NHS Grampian, a local Flash Report has been developed showing RAG rated progress with implementing CfSD pathways and programmes. This data is presented alongside the Board's Heat Map data and pathway progress (including a section on pathways in development). Even a local 'SWAY' newsletter and has been developed (alongside the MPPP summary) to support awareness of MPPP (and other CfSD) worksteams locally and establish a sense of shared purpose for those NHS Grampian delivering them.



Case Study: Managing CfSD Programmes Locally

CfSD representatives were invited to attend 2 improvement days in NHS Ayrshire and Arran: A Surgical and Medical Summit. At these days local leads were invited to provide evidence of their improvement work, including implementation of CfSD pathways and high impact approaches. Senior Board Leadership was present at the days providing support and oversight and the improvement team facilitated the workshops capturing actions. The days were data focused and provided a forum for learning, coming together of those working independently on SDG programmes and an opportunity to celebrate some of the progress and successes of the team locally.

Primary Care Secondary Care Interface and Active Dissemination

Primary Care Secondary Care Interface Delivery Group

The Primary Care Secondary Care Interface Delivery Group has been in place for over 1 year, with its key function to facilitate early primary care engagement in the development of CfSD National Clinical Pathways. Membership continues to be reviewed and expanded to ensure multi-professional representation from across primary care.

Progress in 2024/2025

Active Dissemination

The Active Dissemination Short Life Working Group was established to develop a strategy to promote the deployment and implementation of the CfSD National Clinical Pathways. The Group has agreed the Active Dissemination Framework, which will be published in early 2025-26.

We continue to work in partnership with Healthcare Improvement Scotland to use the Right Decision Service (RDS) platform as key mechanism for ensuring our pathways are available to Primary Care at the point of care.

- **In 2024/2025 MPPP pages on the RDS were accessed 51,940 times – averaging almost 1,000 hits per week.**

Where Health Boards have referral information systems other than RDS (e.g. RefHelp in NHS Lothian), the Boards are encouraged to ensure equivalent information is available or to link directly to relevant RDS content.

National Clinical Pathways Webinar Series

As part of Active Dissemination, a National Clinical Pathways webinar series is now live, which provides information regarding clinical updates on guidance and new or revised referral pathways. These online educational events provide an opportunity for shared learning, informal discussion and questions and answer sessions.

The first webinar took place in December 2024, with subsequent events in January and March 2025. Recordings of past webinars and the registration details of future sessions can be accessed via [National Clinical Pathway Webinar Series](#). Across the 3 Webinars which took place in 2024/2025, there were over 200 attendees, with an average satisfaction score of 4.4 out of 5.

The Future

The upcoming publication of the Active Dissemination Framework will provide a structured approach to supporting pathway implementation. This includes encouraging SDG members to engage directly with local Primary Care interface groups.

To support from a national level, the National Clinical Pathway Webinar Series will continue throughout the year, focusing on SDG-developed pathways and including content from wider CfSD programmes.



Improving Outpatient Services

Discussions with CfSD Clinical Leads, Health Board CfSD Champions and Heat Map Leads have identified that, while considerable progress has been made through SDGs, the members of these groups can find it challenging to fully realise benefits of ACRT, PIR, Patient Focused Booking, booking in turn, and waiting list validation.

Access to data and limitations of Patient Administration Systems (e.g. Trak) are often highlighted as barriers to implementation even in cases when another Board has successfully implemented an approach with a similar system.

The Future

In 2025/2026, we plan to establish an Outpatient Improvement Group (OPIG). This group will include nominated representation from Board Health Records, Business Intelligence and Access teams and will work closely alongside Specialty Delivery Groups providing expert knowledge of practical implementation of processes. The first area of focus will be in relation to Patient Focused Booking along with clinical utilisation.



Case Study: Implementing Patient Focussed Booking

Through implementation of Patient Focused Booking with an emphasis on ensuring utilization of all available clinic slots NHS Forth Valley has succeeded in reducing DNAs in key specialities (e.g. reduction in Dermatology from 10% to 3.2% and in Urology from 5.4% to 3.9%) which has in turn contributed to reduced patient waits and better use of resources at the same time as increasing patient choice and engagement in their care. A short case study paper has been produced by MPPP to support learning from this success.

Driving Improvement in Theatre Utilisation

Data from theatre systems is collated nationally by Public Health Scotland (PHS) and analysis is available via dashboards on the Discovery system.

Progress in 2024/2025

In conjunction with the Perioperative Delivery Group, MPPP have partnered with PHS to establish governance for this dataset. This included:

- Reconfirming key definitions
- Exploring new visualisations and delivery mechanisms
- Strengthening links with operational teams to support local improvement

To support this work, a National Theatre Information Group (NTIG, mirroring the initials of a now defunct group previously providing a similar function) has been established.

In addition, three Task and Finish groups have been created to focus on:

- NTIG Definitions
- Key Metrics
- Embedding Measures

The Future

In 2025/2026, these Task and Finish Groups will continue to drive forward their work. The NTIG group will work closely with the Perioperative Delivery Group to ensure that the Framework for Perioperative Services will deliver sustainable and measurable improvements in theatre throughput.

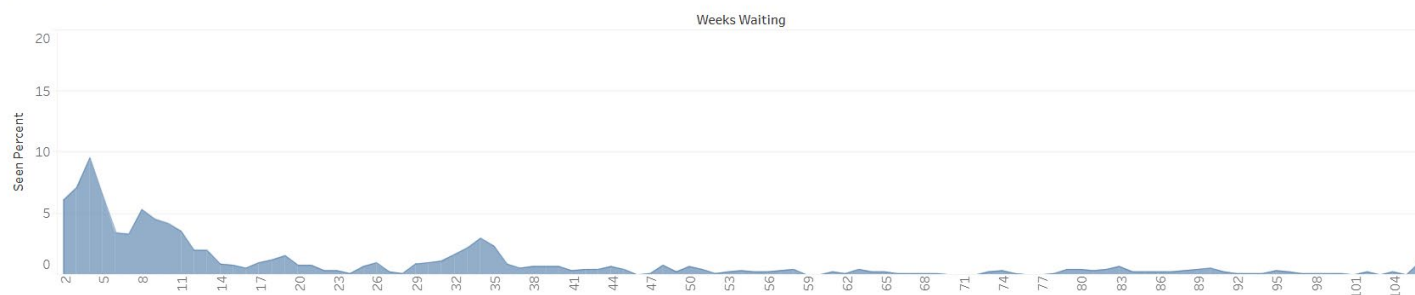


Waiting Time Analysis

In collaboration with Public Health Scotland (PHS), MPPP is developing additional analysis using existing datasets. These visualisations provide a wider range of views to support and demonstrate the impact of improvement work undertaken in the Specialty Delivery Groups.

The dashboards include views on 90th percentile performance, total waiting list size, and long waits. A balance chart shows whether a service is receiving more referrals than it is seeing. The graphs also provide valuable insight into whether patients are being booked in turn or seen or treated from the middle of the waiting list.

Probabilities - Seen
Chart Probabilities.1



An example of a graph showing the time at which patients are being seen in a particular Specialty/Board. The multiple peaks show patients are not being seen in order.

Progress in 2024/2025

The dashboards have been widely shared through the Heat Map meetings and SDGs. They have supported several deep-dive investigations into understanding waiting times at individual Board level.

To date, they have been accessed over 2400 times by 14 different Health Boards and organisations, including the Scottish Government and Public Health Scotland.

The Future

In 2025/2026, we intend to continue developing these visual tools to support front line teams to access the data they need to make impactful changes. This work will directly support the National Theatre Information Group, the new Outpatient Improvement Group, and national efforts to improve productivity, efficiency and booking in turn.



► Specialty Delivery Groups

The Centre for Sustainable Delivery (CfSD) Specialty Delivery Groups (SDGs) exist to:

- Support, innovate and develop high-quality services across Scotland
- Reduce unwarranted variation
- Promote best-in-class services
- Sustainably improve waiting times for non-urgent care

Progress in 2024/2025

Throughout 2024/2025, we continued to strengthen the nominated SDG membership, including expansion of multi-disciplinary representation appropriate to each speciality.

Nominated SDG members are responsible for representing their Health Board coordinating local implementation of the SDG work. This year, we have emphasised the importance of this role, including the need to cascade key information to their wider team and engage with other relevant stakeholders locally, including Primary Care colleagues, as part of active dissemination of CfSD pathways.

In 2024/25, new groups have been formed in Critical Care and Liver (see the relevant sections below). Additionally, while not formal SDGs, the Chronic Pain Interface Network and the National Theatre Information Group (NTIG) were launched to support improvement work alongside the Perioperative Delivery Group.

The Future

In 2025/2026, we will continue to develop plans to deliver sustainable improvement in processes and pathways through SDGs and promote new ways of working with regards to workforce and innovation.

We will work closely with the Scottish Government on approaches to 'target operating models' for key specialties.

An Outpatient Improvement Group will also be established to work alongside SDGs, ensuring local teams are supported to realise benefits from Patient Focused Booking, waiting list validation and booking in turn.



Progress in 2024/25

ACRT and PIR

In 2024/25, Breast data for ACRT and PIR data has been reported separately from General Surgery in the Heat Map for the first time (note: not all Boards are currently able to report this data):

- ACRT: 1572 referrals were returned to the referrer or added to Opt-in pathways.
- PIR: 403 patients added to PIR pathways.

Pathways

Axillary Issues

The [Axillary Issues Pathway](#) was developed and approved by the group in 2024/25. The pathway outlines a number of recommendations around the referral of patients into secondary care services.

In addition, the programme has continued to promote the following existing pathways, including the development of short explainer videos:

- [Gynaecomastia](#)
- [Breast Pain](#)
- [Breast Skin Problems](#)
- [Nipple Issues](#)

The Future

In 2025/2026, the (Symptomatic) Breast SSDG will focus on:

- Supporting the implementation of the above pathways within Health Boards
- Continuing to support the 'Active Dissemination' pilot being taken forward by the Primary and Secondary Care Interface Programme, which focuses on the dissemination of published pathways into Health Boards



Progress in 2024/2025

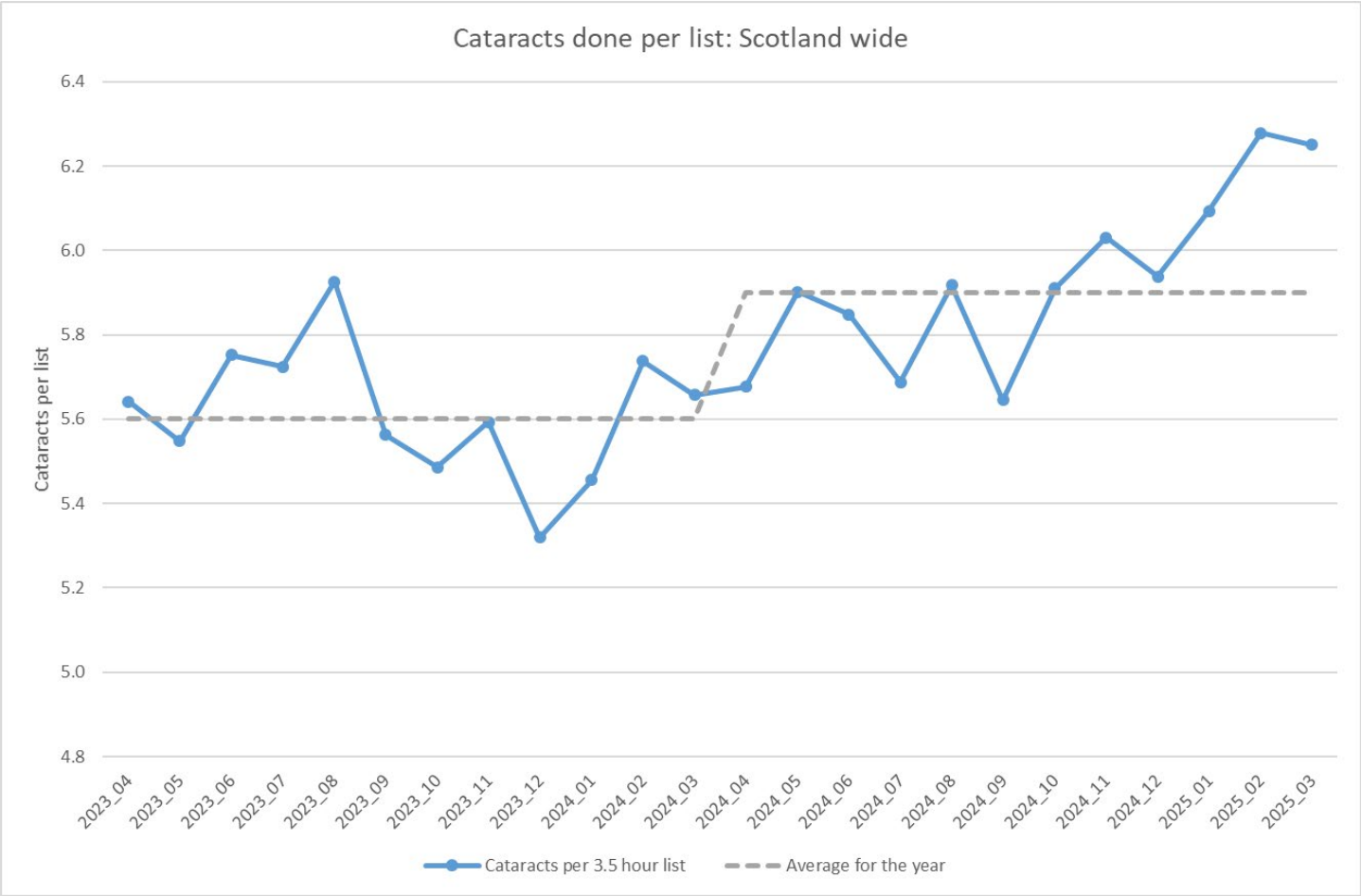
During 2024/2025, the Cataract Sub-Speciality Delivery Group (CSSDG) continued to promote the implementation of the Cataract Blueprint. The majority of Health Boards presented their progress against the Blueprint to the CSSDG, showing an increase in the number of cataract procedures being delivered.

The latest Heat Map data shows that 74% of cataract procedures are now being delivered on cataract-only lists - a 9% increase compared to 2023/24.

While further work is needed to reach the goal of a cataract every 30 minutes, there has also been an increase in the productivity. The number of cataracts done per list rose from 5.6 in 2023/2024 to 5.9 in 2024/2025, based on a standardised 3.5 hour list used in NHS Discovery (rather than a 4-hour list).

(Source NHS Discovery: Theatres Cataract Throughput dashboard).

This programme of work was accepted as a poster at the NHS Scotland Event in Glasgow in June 2024.



Task and Finish Groups (T&FG)

Immediate Sequential Bilateral Cataract Surgery

A T&FG was established to develop an implementation guide for Immediate Sequential Bilateral Cataract Surgery (ISBCS). Current evidence is that ISBCS is safe and can help reduce patient waiting times for cataract surgery, reduce the waiting list size, increase clinical capacity including for other ophthalmology procedures, offer more patient choice, and support NHS Scotland to reduce its environmental impact. This work is being undertaken in collaboration with the CfSD's National Green Theatres Programme (NGTP), with a particular focus on reducing the carbon footprint through the rationalisation of cataract surgical tray sets.

Wider Perioperative Team Development – Digital Learning Resources

In June 2024, following a recommendation by the CSSDG's Wider Perioperative Team Development T&FG, the NHS Scotland Academy launched [four digital resources on TURAS](#). These resources are designed to support ophthalmology perioperative teams to deliver high volume cataract surgery. These modules covered:

- Consent
- Marking the skin
- Prepping and draping the eye
- Administration of eye drops.

Surgical Training - Cataract Immersion Training Programme

Building on the work of the CSSDG's Surgical Training T&FG, support was provided to the NHS Scotland Academy with their development of a business case to implement a national Cataract Immersion Training Programme. This programme is aimed at Ophthalmology Surgical Trainees in Scotland and supports the overarching aim of increasing the throughput of cataract procedures. If approved, this training will commence in August 2025.

The Future

In 2025/2026, the Cataract SSDG will focus on:

- Continue to drive increases in the number of cataracts carried out on cataract-only lists to improve efficiency and throughput
- Publish the ISBCS Implementation Guide and incorporate into a refreshed version of the Cataract Blueprint Toolkit.



Case Study: Managing CfSD Programmes Locally

A Discrete Choice Experiment (DCE), funded by CfSD and led by the University of Aberdeen's Health Economics Research Unit (HERU) will commence in August 2025. The aim of this study is to explore patient's preferences for proceeding with ISBCS, by examining the trade-offs patients are willing to make when deciding on this treatment.





New: Critical Care

The Scottish Critical Care Specialty Delivery Group was established in 2024/25, building on legacy work from the previous Scottish Critical Care Delivery Group. This new group brings together key multidisciplinary stakeholders to provide a national forum for the discussion and development of the diverse range of critical care services provided across Scotland -including the island boards, rural general hospitals, and smaller district general hospitals.

In addition to nominated Health Board representation, the group includes representation from the following organisations and areas:

- Scottish Acute Nursing Directors
- Scottish Directors of Allied Health Professionals (SDAHP)
- Pharmacy
- Scottish Ambulance Service (SAS)
- Scottish Intensive Care Society Audit Group (PHS SICSAG) and Scottish National Audit Programme (SNAP)
- NHS National Services Scotland (NSS)
- Scottish Intensive Care Society (SICS)
- CMO Specialty Advisor
- Scottish Advanced Critical Care Practitioner (ACCP) Training Network

Progress in 2024/2025

The inaugural meeting of the Scottish Critical Care Specialty Delivery Group took place in May 2024.

Pathways and Workstreams

Remote and Rural Consulting Pathway (Critical Care Support in Smaller Remote and Rural Critical Care Units)

A Task and Finish Group has been established to develop this pathway to support remote and rural critical care units. Work to date has included a survey of both referring and receiving units. The development of this pathway will continue throughout 2025/26.

Team Service Planning

To develop an understanding of Team Service Planning, at each meeting 2-3 Health Boards are asked to provide an overview of their service to understand the variation in service models, staffing, skill mix and innovative approaches to Critical Care provision across all Health Boards.



Digital Capabilities

The SDG has also provided a forum for sharing the results of the Digital Capabilities (Electronic Patient Record and Data Use) survey created by the Scottish Intensive Care Society (SICS) - which benchmarks ICU digital capabilities across Scotland and against other parts of the UK.

The Future

In 2025/2026, the Scottish Critical Care Specialty Delivery Group will focus on:

- Continuing the development of the Rural and Remote Consulting Pathway, with the intention to publish by March 2026
- Commence work on the development of a Post ICU Recovery and Rehabilitation Pathway
- Further developing an understanding of delayed ICU discharges based on available data
- Continue the programme of updates from Health Boards on their services and workforce, and seek collaboration with NHS Education for Scotland (NES) around training opportunities
- Consider a partnership with the Scottish Intensive Care Society (SICS) on the Electronic Patient Record and data use survey
- Engage with NHS National Services Scotland (NSS) regarding the use of equipment and consumables within Critical Care Units.





Dermatology

Progress in 2024/2025

ACRT and PIR

The SDG has maintained a strong emphasis on Active Clinical Referral Triage, working closely with the Accelerating National Innovation Adoption (ANIA) team, to implement the Digital Dermatology pathway. This includes ensuring image capture at the point of referral and supporting Health Boards to develop robust photo-triage processes.

- ACRT: 32,062 referrals back to referrer or added to Opt-in pathways – a 9% increase.
- PIR: 9,821 patients were added to PIR pathways, similar to 2023/24.

Workstreams

Digital Resources

The SDG has expanded the range of resources available on the [Right Decision Service \(RDS\)](#) to support primary care launching a Benign Lesion module.

This adds to the resources previously available which cover: Actinic keratosis, Acne Alopecia, Atopic Eczema, Atopic Eczema (paediatric), Basal Cell Carcinoma, Bowen's Disease, Fungal Nail Infections, Hyperhidrosis, Melanoma, Nummular Discoid Eczema, Pruritis, Psoriasis, Rosacea, Squamous Cell Carcinoma, Urticaria, Viral Warts, and Vitiligo.

Each module outlines information regarding how these conditions can be managed in Primary Care and when referral to Secondary Care is likely to be beneficial. Since going live, the Benign Lesion module has been accessed over 900 times, with Dermatology toolkit pages in total receiving over 43,000 hits.

The SDG is also collaborating with NHS Inform to develop new patient information resources and with Public Health Scotland to agree a set of conditions that should not normally result in admission to hospital.

Team Service Planning

Health Boards have been invited to share their local approaches to team service planning. At each meeting, two Boards present on how they manage multi-disciplinary team (MDT) working, capacity and demand, clinic profiles, and any significant local innovations.

Competency Framework for Dermatology Specialist Nurses (Level 6 and 7)

Following the publication of a Service Needs Assessment in 2025, a Task and Finish Group is working with NHS Education for Scotland (NES) to develop a Competency Framework for Dermatology Specialist Nurses level 6 and 7.



Digital Dermatology

As mentioned above, the SDG has supported the ANIA team with the Digital Dermatology rollout. As of March 2025, all Health Boards were live, with further work planned in the first 6 months of 2025/26 to embed the pathway locally and fully realise the benefits.

National Elective Coordination Unit – National Validation Campaign

The SDG also approached the CfSD's National Elective Coordination Unit (NECU) to develop a national campaign aimed at addressing the backlog of patients already on Dermatology waiting lists without photographs - or with out-of-date photographs.

The second stage of the campaign began in February 2025, focusing on photographing, clinically reviewing and, where appropriate, treating these patients.

The Future

In 2025/2026, the Dermatology SDG will focus on:

- Embedding the Digital Dermatology Pathway, working with Primary Care to maximise the number of images of good enough quality to support triage accompanying referrals, and with Secondary Care to develop best practice for photo-triage. The NECU Dermatology campaign will also continue to address the backlog.
- Expanding the toolkit of Primary Care resources available on the RDS, including the launch of a Molluscum Contagiosum page early in the year; and launching Acne and Alopecia pages on the NHS Inform site.
- Launching the Competency Framework for Dermatology Specialist Nurses (level 6 and 7), following approval by the SDG and review by Transforming Roles. Further work will be undertaken to understand how the framework can be embedded in services and used by Higher Education Institutions to support the development of additional training opportunities. Continuing with the programme of Health Board updates on local Team Service Planning, and beginning to explore how Pharmacy Roles can best support Dermatology Services.





Ear, Nose, and Throat (ENT)

Progress 2024/2025

ACRT and PIR

- ACRT: 9,460 referrals back to referrer or added to Opt-in pathways (similar to 2023/2024).
- PIR: 4,306 patients added to PIR pathways (16% increase).

Pathways and Workstreams

Tonsillectomy Opt-in Pathway

The ENT SDG are developing a pathway for tonsillectomy, with a focus on Opt-In, to reduce the number of patients being referred for surgery. The group is also exploring ways to reduce the number of patients who are being readmitted to hospital after a tonsillectomy procedure, which accounts for significant clinical resource within Health Boards.

Hearing Loss

The group has engaged with the Scottish Imaging Network (SCIN) to agree criteria under which patients should be referred to radiology for diagnosing hearing loss. This work aims to alleviate the burden on radiology and ensure those patients who require screening are seen more quickly.

Training Resources – Ear Care

In collaboration with the NHS Scotland Academy, the ENT SDG is developing training to tackle the shortage of staff qualified to deliver ear care. The Academy is creating a sustainable training package that will enable this training to be delivered more locally and provide development opportunities for ENT nursing staff. This work is progressing well and is expected to be complete by mid-2025.

The Future

In 2025/2026, the ENT SDG will focus on:

- Developing Pathways for Unilateral Tinnitus, Dizziness, and Neck Lumps
- Exploring the use of digital imaging to support referrals from Primary to Secondary Care ENT services, and enhance vetting processes
- Reviewing options for cross-board and regional working, to help alleviate waiting time pressures for ENT services across NHS Scotland.





Gastroenterology

Progress in 2024/2025

ACRT and PIR

- ACRT: 17,491 referrals back to referrer or added to Opt-in pathways (similar to 2023/24).
- PIR: 4,448 patients added to PIR pathways (18% increase).

Pathways

The Gastroenterology SDG published 4 pathways in 2024/25:

Reflux Pathway

The [Reflux Pathway](#) provides guidance to Primary Care and patients on self-management of reflux and outlines when referral to Gastroenterology is appropriate. It is anticipated that this pathway will reduce the number of patients being referred for an endoscopy to diagnose the condition, which will reduce the pressure on the Endoscopy Services.

Dysphagia Pathway

The [Dysphagia Pathway](#) provides Primary Care with information for vetting patients and explains how patients should be triaged onto 'urgent' or 'routine' referral lists for endoscopy. It also provides patients on this pathway with self-management advice and the option to opt-out of an endoscopy procedure if their symptoms settle.

IBS Pathway

The [IBS Pathway](#) supports diagnosis in Primary Care and directs patients to resources for self-management. Only those patients with more severe symptoms will need to see a specialist in Gastroenterology, meaning the pathway is expected to reduce the number of referrals.

IBD Pathway

The [IBD Pathway](#) approved by the Gastroenterology SDG in 2024/25, aims to support earlier diagnosis and faster access to treatment. It provides clear guidance on symptoms and tests required from GPs.

In addition to these, members of the Group are developing an Iron Deficiency Anaemia Pathway, and working on a refresh of the current NHS Scotland Coeliac Disease Pathway.

The Future

In 2025/2026, the Gastroenterology SDG will focus on:

- Promoting the pathways that were approved in 2024/25 as well as supporting health boards with the implementation of these where required.
- Finalising the Iron Deficiency Anaemia Pathway and the updated Coeliac Disease Pathway for NHS Scotland. These will be complemented by the Lower GI toolkit which provides a guiding framework for those working in Primary Care with appropriate testing and diagnosis of lower GI conditions.
- Reviewing and improving the patient information resources available.





General Surgery

Progress in 2024/2025

ACRT and PIR

- ACRT: 13,192 referrals back to referrer or added to Opt-in pathways (an 8% decrease).
- PIR: 2,860 patients added to PIR pathways (a 36% decrease).

One reason for these reduction is that activity previously reported under General Surgery is now reported separately under Breast Surgery and Vascular Surgery. The percentage of returned to referrer or added to Opt-in, and those added to PIR pathways, is similar to previous years.

Pathways and Workstreams

The General Surgery SDG oversees 4 Sub-Groups:

Biliary Disease

The Biliary Sub Group have been working on a pathway for patients with routine Biliary Colic. The pathway will give patients the option to opt-in for surgery and ensure that Primary Care is providing the information required to support quicker vetting.

Emergency Laparoscopic and Laparotomy Scottish Audit (ELLSA)

This group is establishing a clinical and collaborative network across Scotland to improve the standard of care for patients undergoing emergency abdominal surgery (Emergency Laparotomy).

Inguinal Hernia

This group has focused on developing a national pathway to ensure that those who require an urgent referral are seen first, reducing the number of referrals which are of limited clinical value, and therefore reducing the waiting time for those who require referral to another service. The draft pathway is currently in the approval process and is expected to be published in summer 2025.

National Enhanced Recovery in Colorectal Initiative (NERCI)

The NERCI Sub-Group continues to work together to share best practice for recovery after colorectal surgery. A recent landscaping survey identified challenges and opportunities across Health Boards. The Group also plan to publish the results of NERCI data which has been recorded over previous years.

The Future

In 2025/2026, the General Surgery SDG will focus on:

- Continuing both the development and establishment of consensus and the implementation of the pathways outlined above
- Undertaking scoping work for the development of a Bariatric Surgery Pathway





Progress in 2024/2025

ACRT and PIR

- ACRT: 11,182 referrals back to referrer or added to Opt-in pathways (an 11% decrease).
- PIR: 7617 patients added to PIR pathways (a 17% increase).

Pathways

The Gynaecology SDG reviewed and endorsed the existing pathways for:

Heavy Menstrual Bleeding

The [Heavy Menstrual Bleeding Pathway](#) was developed in December 2019, and a further review was undertaken by the SDG in 2024. The review confirmed that the recommendations remain relevant, with no changes required.

Endometriosis

Adapted from NICE guidelines, the [Endometriosis Pathway](#) supports a streamlined, integrated care approach across primary, secondary and tertiary services. It aims to ensure timely, holistic care for people with endometriosis or endometriosis-like symptoms.

A review was undertaken by the SDG of the pathway in 2024, which confirmed that the recommendations were still relevant and no changes were required.

In addition, the Gynaecology SDG is developing two new pathways, which are expected to be submitted for the SDG's approval in the first quarter of 2025/26:

- Postmenopausal Bleeding
- Urinary Incontinence and Prolapse

The Future

In 2025/2026, the Gynaecology SDG will focus on:

- The development and publication of the Postmenopausal Bleeding and Urinary Incontinence and Prolapse Pathways.



The Liver Specialty Delivery Group (SDG) was formed in October 2024 and met twice within 2024/25. The SDG includes Clinical and Managerial representatives from across NHS Scotland's Health Boards.

Progress in 2024/2025

The Liver SDG has identified a number of priority areas, including the development of national pathways for :

- Haemochromatosis
- Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)
- Early Detection of Liver Disease

The Future

In 2025/2026, the Liver SDG will focus on:

- The development of the above pathways
- The early identification of those at risk of liver disease e.g. iLFTs in the asymptomatic or active looking in the Diabetes and Alcohol Use Disorder clinics
- Appropriate use of non-invasive diagnostics to assess the degree of liver injury e.g. ELF or Fibroscan, while limiting unnecessary investigations
- Supporting patients with advanced liver disease to manage their condition and reduce hospital admissions

Progress in 2024/2025

ACRT and PIR

- ACRT: 12,051 referrals back to referrer or added to Opt-in pathways (6% increase)
- PIR: 4,168 patients added to PIR pathways (24% increase)

Pathways

Functional Neurological Disorder Pathway

The national [Functional Neurological Disorder Pathway](#) was published during 2024/25. It aims to standardise the approach to referral, diagnosis, and treatment of patients with FND and provides best practice recommendations to support, better outcomes and most effective use of NHS resources. This is understood to be the first National FND Pathway in the world.

Headache Pathway – Additional Modules

Two additional modules have been published as part of the Headache Pathway. These are Cluster Headache, and Indometacin Sensitive Headache. These additions complete the national [Headache Pathway Toolkit](#).

Facial Pain Pathway

Development of a national pathway for Facial Pain is underway. The Pathway Development Group is multidisciplinary in its nature, with expertise from a wide range of specialties and professional roles.

ACRT / Primary Care Factsheets

The SDG has continued to add to the suite of factsheets available to support Health Boards with ACRT by providing quality information back to Primary Care. A total of 10 factsheets are now available on the Right Decision Service. You can find these at the following link: [GP factsheets | Right Decisions](#)

The Future

In 2025/2026, the Neurology SDG will focus on:

- Promoting and supporting implementation of published pathways
- Considering publication of a journal article on the FND pathway, following further data collection
- Further development and publication of the Facial Pain Pathway
- Commencing development of new pathways for Epilepsy and Parkinson's Disease
- Developing guidance to support Primary Care colleagues with decision-making on referral for the most common benign neurological symptoms



Orthopaedics

The Trauma and Orthopaedic Programme is delivered in collaboration with CfSD's Planned Care Team through a monthly National Orthopaedic Delivery Group (NODG) meeting and the quarterly Scottish Orthopaedic Specialty Delivery Group (SOSDG) meeting.

These groups report to CfSD and the Scottish Government via the National Trauma and Orthopaedic Performance Lead and Trauma and Orthopaedic Trauma Manager.

Progress in 2024-25

ACRT and PIR

- ACRT: 12,926 referrals back to referrer or added to Opt-in pathways (28% increase).
- PIR: 33,728 patients added to Discharge PIR pathways (42% increase).

Workstreams

Consensus Statements

Existing work includes promoting both the Arthroplasty Discharge PIR Consensus Statement (originally published in 2019, revised in 2021, with a further update due 2025), and PIR more generally across Orthopaedics in all sub specialties.

The Suspected Scaphoid Pathway is increasingly being adopted across Scotland and the UK as a whole, and is now included in the British Society for Surgery of the Hand Scaphoid Fracture Standards.

Peer Review

The current T&O Peer Review meetings based on GIRFT principles is due to conclude in 2025 with follow-up meetings and updated action plans for Boards. This process has been in place since 2015 following initial and on-going support from Professor Tim Briggs, who developed and initiated the GIRFT concept. This programme is invaluable to develop networks, share learning and to improve pathways and clinical practice. Most importantly, it supports the improvement in patient care and outcomes.

SNAP Governance – Scottish Hip Fracture Audit (SHFA)

Continue to monitor and support identified Health Boards with outlier status of SHFA key performance indicators, and liaising with Health Improvement Scotland (HIS) where involved.



SAP/SHFA Annual Reports

The Scottish Arthroplasty Project (SAP) and the Scottish Hip Fracture Audit (SHFA) published their Annual Reports on 6 August 2024:

- [Scottish Arthroplasty Project - 6 August 2024 - Scottish Arthroplasty Project - Publications - Public Health Scotland](#)
- [Scottish hip fracture audit - reporting on 2023 - Scottish Hip Fracture Audit - Publications - Public Health Scotland](#)

The Future

In 2025/2026, the Trauma & Orthopaedics Programme will focus on:

- Completing the current T&O peer reviews across all Boards.
- Supporting all Health Boards with full implementation of Scaphoid Pathway
- Reviewing current Virtual fracture processes
- Identifying national trauma requirements through organisational audit and data analysis
- Supporting future development of National Treatment Centres
- Continuing monitoring and support Health Boards with National Audits and SNAP governance process, regarding outlier status involving HIS where indicated
- Development of a Fracture Liaison Audit
- Collaboration with Musculoskeletal Primary and Secondary Care services with regards to osteoarthritis of the hip and knee clinical pathways





Perioperative

The Perioperative Delivery Group (PDG) brings together key clinical, operational and managerial leaders from across perioperative services in NHS Scotland with a remit to develop a national set of perioperative principles for Scotland with the aims of:

- Maximising flow through perioperative services
- Maximising productive time in theatres
- Reducing the time patients wait for perioperative services.

Progress in 2024/2025

Task and Finish Groups

Four Task and Finish Groups (T&FGs) were established to help support development of the perioperative principles for Scotland. The aims of these groups are shown below:

Scheduling:

- To improve scheduling processes and procedures to optimise theatre capacity, maximise performance, minimise delays, reduce cancellations and fallow theatre sessions by:
 - Developing a centralised approach to booking
 - Adopting 6-4-2-1-0 principles
 - Pooled patient/stand-by lists
 - Utilising flexible session capacity
 - Back-filling lists
- To align with the Scottish Government Digital Scheduling Implementation Programme.

Protecting Planned Care:

- To identify approaches that support ring-fenced elective capacity
- Recognise innovative approaches to the use of space and the environment
- Increasing resilience through effective escalation processes in periods of extreme unscheduled care
- Establish a culture of “proceeding without delay” in starting theatre activity
- Identify approaches to locally flexible staff and resources.



Pre-Operative Assessment:

- To review the current pre-operative pathway
- Screening early at the surgical decision to treat for pre-operative co-morbidities
- Embedding Waiting Well resources into the pathway
- Agreeing optimal referral timelines to pre-operative assessment services
- Triaging appropriate patients to the right services
- Standardising pre-operative testing and clinical guidelines
- Standardising the validation period following completion of pre-operative assessment
- Minimising delays and reducing cancellations, particularly on the day of surgery.

Wider Perioperative Team Development

- To maximise training and education opportunities for developing high performing perioperative teams.

The outputs from these T&FGs are now being finalised and will be incorporated into the finalised perioperative principles framework.

The work of the Perioperative Delivery Group has been presented at the annual meeting of the Association of Anaesthetists and the 2024 UK Enhanced Recovery After Surgery conference.

Day Surgery

We continue to promote day surgery through the Perioperative Delivery Group. Resources available include [The Day Surgery Pathway: A Blueprint for Day Surgery in Scotland](#) and [The Arthroplasty Day Surgery Pathway](#).

Also available is a [Clinical Competency Workbook](#) to support Registered Practitioners undertaking criteria-led discharge.

The Future

In 2025/2026, the PDG will focus on:

- Publishing and launching the national Framework for Perioperative Services for Scotland.
- Engaging with local Health Boards to support local implementation of the Framework for Perioperative Services for Scotland.
- Agreeing a national measurement plan, in collaboration with the National Theatre Information Group (NTIG), to track progress against implementation
- Commissioning key work nationally to progress the recommendations that have emerged from the T&FGs.
- Progressing High-Volume, High-Flow – Right Procedure, Right Place, Right Person within the surgical SDGs.





Respiratory

Progress in 2024/2025

ACRT and PIR

- ACRT: 10,323 referrals back to referrer or added to Opt-in pathways (an increase of 5%).
- PIR: 1540 patients added to PIR pathways (a decrease of 11%).

Pathways and Workstreams

The Respiratory SDG is currently developing the following pathways:

- Chronic Cough
- Chronic Obstructive Airways Disease
- Interstitial Lung Disease
- Severe Asthma

Right Decision Service

All CfSD Respiratory SDG pathways will be hosted on the Right Decision Service. We are currently working with pathway designers to develop this material, with a view to launching the pathways early in 2025/26.

Framework for Advanced Practice Physiotherapy in Respiratory

The Respiratory SDG includes an active Advanced Practice Physiotherapy Sub-group within the Respiratory SDG. This group is finalising a Framework for Advanced Practice Physiotherapy in Respiratory. This resource has been developed with colleagues in NHS Education for Scotland (NES), and will be accompanied by a competency framework.

Sunrise Service Evaluation

Within the Sleep Improvement Group, funding has been secured to support a health economic evaluation of the Sunrise Service Evaluation. The Sunrise device is a wearable home testing device for the diagnosis of Obstructive Sleep Apnoea. These devices were included in a recent Horizon Scanning Document from Scottish Health Technologies Group (SHTG) and will now pass to the first stage of assessment for the Accelerated National Innovation Adoption (ANIA) programme.

The Future

In 2025/2026, the Respiratory SDG will focus on:

- The development of the pathways outlined above
- Exploring Primary Care access to Computed Tomography (CT) scans.





Rheumatology

Progress 2024/2025

ACRT and PIR

During 2024/2025, the Rheumatology SDG continued to promote the implementation of ACRT and PIR across Rheumatology services across Scotland. Current figures are:

- ACRT: 9,826 referrals back to referrer or added to Opt-in pathways (an 8% increase).
- PIR: 3,029 patients added to PIR pathways (a similar level to 2023/24).

Pathways and Workstreams

MSK Conditions – Hand Osteoarthritis Pathway (Hand OA)

A Hand Osteoarthritis (OA) Pathway Development Group is developing a national Hand OA Pathway. This will be the first in a suite of MSK-related pathways, with future developments planned for Fibromyalgia, Hypermobility and Lower Back Pain.

Rheumatology National Data

During 2024, a Data Short-Life Working Group was established to explore the possibility of developing a national dataset for Rheumatology services across NHS Scotland. The initial focus is on extracting data related to Inflammatory Arthritis (IA) from Patient Administration Systems (PAS), and this is currently being piloted by the health boards in the Short Life Working Group.

Non-Medical Health Care Professionals in Rheumatology Services

Recognising the pivotal role of non-medical healthcare professionals to the delivery of Rheumatology services in Scotland, the SDG endorsed a questionnaire to better understand workforce variation across the non-medical healthcare professional workforce in Rheumatology. The findings have highlighted significant potential to further develop this workforce.

The Future

In 2025/2026, the Rheumatology SDG will focus on:

- Publishing and supporting implementation of the Hand OA Pathway
- Scoping further pathways under the umbrella of MSK Conditions, such as Fibromyalgia and for use of disease-modifying anti-rheumatic drugs (DMARDs)
- Exploring approaches to establishing a national dataset for Rheumatology in Scotland.





Progress in 2024/2025

ACRT and PIR

- ACRT: 13,056 referrals back to referrer or added to Opt-in pathways (12% increase).
- PIR: 3,759 patients added to PIR pathways (35% increase).

Pathways

The Urology SDG continues to progress the development of the following pathways:

- Benign Prostate Hyperplasia
- Uretic Stone

Recurrent Urinary Tract Infection Pathway

The Recurrent Urinary Tract Infection Pathway, originally developed by the legacy Urology Forum, has been reviewed by the Urology SDG. Once approved for national use, it will be published in 2025/26.

The Future

In 2025/2026, the Urology SDG will focus on:

- Continuing development and publication of the pathways outlined above
- Facilitating discussions on the development of regional services to support service sustainability and the reduction of waiting times
- Forming a key part in the development of the National Plan for Urology over 2025/26.





Vascular Surgery

Progress in 2024/2025

ACRT and PIR

- ACRT: 3,972 referrals back to referrer or added to Opt-in pathways (2024/25 is the first year this data has been collected).
- PIR: 574 patients added to PIR pathways (2024/25 is the first year this data has been collected).

Pathways

Abdominal Aortic Aneurysm (AAA) Pathway

During 2024/2025, the Abdominal Aortic Aneurysm (AAA) Pathway was developed and published. This ensures equitable, timely access to treatment for patients with aneurysms with a diameter of $\geq 55\text{mm}$ regardless of whether detected via screening or as an incidental finding.

Intermittent Claudication Pathway

An [Intermittent Claudication Pathway](#) was also developed and published, delivering a standardised approach to ensure equitable access to support across Scotland, generally via community or nurse led clinics.

These sit alongside existing vascular pathways in Venous Leg Ulcers [Venous Leg Ulcers](#) and [Chronic Limb Threatening Ischaemia](#).

Carotid Endarterectomy (CEA) Pathway

A pathway for the management of Carotid endarterectomy (CEA) has also been developed. This sets out that CAE procedures should be undertaken within 14 days of stroke or TIA event, where indicated. This approach is aligned with NICE guidance and is associated with improved patient outcomes. Work will continue on the development and publication of this pathway in 2025/26.

The Future

In 2025/2026, the Vascular SDG will focus on:

- Promoting and supporting implementation of published pathways
- Publishing the Carotid Endarterectomy (CEA) Pathway
- Developing a new pathway for Aortic Dissection
- Working with the CfSD National Green Theatres Programme (NGTP) to adopt lean theatre tray principles



► Other Workstreams

Cancer Prehabilitation



Ambition 3 of the Scottish Government Cancer Strategy 2023-2033 states that every person diagnosed with cancer in Scotland is provided with timely, effective and individualised care to best prepare them for treatment and that this begins with prehabilitation.

The Cancer Prehabilitation Programme will:

- Scope the role of digital in delivering prehabilitation in Scotland, including identifying key stakeholders and developments, and present an options appraisal aligned to the Scottish digital landscape.
- Lead the development of a core dataset to enable individual services to evidence their impact and identify areas for improvement.
- Explore how data can inform future service provision through modelling capacity and demand at each level of intervention (universal, targeted, specialist).
- Work with the Scottish Cancer Network, Regional Cancer Networks, Cancer Policy, Scottish Cancer Coalition members, other teams within CfSD and individual service providers, to embed prehabilitation within care pathways.

Progress in 2024/2025

The National Cancer Prehabilitation Screening Project commenced in August 2024. 8 pilot teams across the 3 cancer networks participated, including colorectal, head & neck, urology and community cancer support services (referral from Primary Care for all tumour groups).

The development of a National Cancer Prehabilitation Pathway Toolkit has commenced.

The Future

In 2025-26, the Cancer Prehabilitation Programme will focus on:

- Evaluating the National Cancer Prehabilitation Screening Project (first quarter)
- Further developing a digital screening tool in collaboration with the Right Decision Service (RDS), as part of the National Cancer Prehabilitation Pathway Toolkit
- Developing a national minimal core cancer Prehabilitation dataset





Case Study: National Prehabilitation Screening Project

As per the Scottish Government Cancer Strategy 2023-2033 ambition 3: prehabilitation should be provided to every person diagnosed in Scotland to best prepare them for treatment.

Prehabilitation is currently delivered collaboratively across third sector, NHS and health and social care partnerships. To be effective, prehabilitation interventions must be personalised. Early identification of needs through screening, ensures the person with cancer is supported by the right people, at the right place, at the right time. However, a Scottish Government survey (2022) identified only 20% of services screen for multimodal prehabilitation with variation in practices and stratification.

In July 2024, a national cancer prehabilitation screening project was launched. 7 pilot teams across the 3 cancer networks piloted a national screening tool to test the feasibility and acceptability of adopting within the clinical pathway. Specialities included colorectal, urology and head & neck cancer. 168 patients were screened for 3 core pillars of prehabilitation: physical activity, nutritional and psychological wellbeing. Screening outcomes highlighted that for all pillars, >60% of patients were 'universal' (low risk) and therefore did not need referral for targeted/specialist assessment or intervention. This data can support services with demand and capacity modelling to achieve sustainable prehabilitation. Positive feedback was received from both staff and patients.





Enhanced Recover After Surgery (ERAS)

Enhanced Recovery After Surgery (ERAS) ensures that people are as prepared as possible before receiving treatment and receive standardised, evidence-based interventions before, during, and after surgery.

The aim of these national pathways in Orthopaedics, Colorectal Surgery and emergency surgery is to ensure all patients in each hospital site receive the highest level of care. Data gathered is used to continuously improve the pathway on an ongoing basis.

Progress in 2024/2025

Arthroplasty Rehabilitation In Scotland Endeavour (ARISE)

The ARISE programme continues to improve early mobilisation and discharge from hospital across Boards. Data is now routinely being published in the annual Scottish Arthroplasty Project report and shared with all teams. Future work aims to support continued reductions in hospital stays and same day surgery.

National Enhanced Recovery Colorectal Initiative (NERCI)

NERCI has demonstrated a clear impact in reducing morbidity and mortality following surgery. While data has remained stable over recent years, future work is looking to explore where further improvements can be made and consider the impact of robotic surgery on outcomes.

Emergency Laparoscopic and Laparotomy Scottish Audit (ELLSA)

ELLSA has continued to demonstrate the benefit of a national data set and published the 2023 report. The 2024 report is due for publication in late Summer 2025. Further engagement is required for data collection and development of a standardised national pathway is underway.





Chronic Pain

A new Chronic Pain Interface Network (CPIN) has been established by CfSD, with its inaugural meeting taking place in November 2024. Members include professionals from across Primary Care and Specialist Chronic Pain services, including GPs, Associate Medical Directors, Clinical Directors and Project Managers.

The CPIN provide a platform for members to share case studies highlighting processes and approaches that support multidisciplinary team working in Primary Care for patients living with chronic pain.

It will also aims to:

- Demonstrate the impact of Chronic Pain case studies
- Investigate options to support Interface Working between local Pain Teams, Primary and Secondary Care
- Understand the impact of implementing multidisciplinary team in Primary Care and investigate associated changes to Secondary Care referrals
- Support provision of person centred, value based care close to home - including prescribing and deprescribing specific medication
- Share of resources such as guidelines, continual professional development, consultation, deprescribing and non-pharmacological resources
- Provide peer support

The Future

In 2025/2026, the Chronic Pain workstream will focus on:

- Holding further CPIN meetings, with the network being used as a forum for members to share practical examples
- Scoping and development work for the creation of a Primary Care Pain Management resource.



Prostate Cancer – Patient Recorded Outcome Measures (PROMS)



MPPP is collaborating with Public Health Scotland Data Driven Innovation to establish an approach to collect patient reported outcome measures (PROMS) following prostate cancer treatment.

The goal is to deliver information to both healthcare Planners and Clinicians with actionable insights that drive quality and value improvements.

Progress in 2024/2025

Collaborative work has been undertaken with the NES National Digital Platform team to assess the technical feasibility of migrating Prostate Cancer Treatment PROMs data from a flat format structured query language database (SQL) (REDCap) source system into an OpenEHR Clinical Data Repository (CDR).

The Future

In 2025/2026, the Prostate Cancer PROMS project will focus on:

- Identifying data dependencies and quality issues to allow meaningful insights from PROMs data
- Extracting and linking existing clinical data to PROMs
- Determining statistical methods to derive actionable insights from PROMs
- Producing a prototype dashboard to visualise information on services, populations, healthcare providers and clinicians.

In addition, progress will be made on the following:

- Having a link from RedCap to the National Integration Platform allowing sharing of PDF reports.
- Establishing Radiotherapy patients on the PROMS system in two Health Boards.
- Establishing a REDCap instance for CfSD within NHS Golden Jubilee
- Creating an Information Governance Toolkit for project
- Progressing with data linkage and manual data collection to be progressed by University of Edinburgh Data Analyst.





Case Study: PROMS Technical Feasibility Study Outcome Report

An early feasibility study report was created investigating the clinical data modelling and extract, transform, load (ETL) technical processes required for ETL of PROMs and related clinical data from a traditional flat format data store (SQL database) to an openEHR clinical data repository.

This project was a collaborative project between the Centre for Sustainable Delivery, the National Digital Platform team and interested academic partners at the University of Edinburgh funded by the Value Based Health and Care Directorate.



Case Study: National Prehabilitation Screening Project

An early feasibility study report was created investigating the clinical data modelling and extract, transform, load (ETL) technical processes required for ETL of PROMs and related clinical data from a traditional flat format data store (SQL database) to an openEHR clinical data repository.

This project was a collaborative project between the Centre for Sustainable Delivery, the National Digital Platform team and interested academic partners at the University of Edinburgh funded by the Value Based Health and Care Directorate.



Appendix 1. Complete list of MPPP Pathways and Resources

Breast				
	CfSD Website Link	Right Decisions	Other links	Notes
Axillary Issues	www.nhscfsd.co.uk/media/4czb4tjo/axillary-issues-pathway.pdf			
Breast Pain	www.nhscfsd.co.uk/media/i43ld1g0/mppp-breast-pain-pathway-v2-0-1.pdf	rightdecisions.scot.nhs.uk/breast-pathways/breast-pain-pathway-update/		Currently under review
Breast Skin Problems	www.nhscfsd.co.uk/media/tgwf2sj/nhs-scotland-breast-skin-problems-pathway-v1-october-2023.pdf	rightdecisions.scot.nhs.uk/breast-pathways/breast-skin-problems/		Currently under review
Gynaecomastia	www.nhscfsd.co.uk/media/2b1d3pav/nhs-scotland-gynaecomastic-pathway-v1-9-august-2023.pdf	rightdecisions.scot.nhs.uk/breast-pathways/gynaecomastia/		Currently under review
Nipple Problems	www.nhscfsd.co.uk/media/zlffg405/nhs-scotland-nipple-problems-pathway-v1-october-2023.pdf	rightdecisions.scot.nhs.uk/breast-pathways/nipple-problems/		Currently under review

Cataracts				
	CfSD Website Link	Right Decisions	Other links	Notes
Improving the Delivery of Cataract Surgery in Scotland: A Blueprint for Success	www.nhscfsd.co.uk/media/5sofmknr/cataract-surgery-blueprint-2022.pdf			
Improving the Delivery of Cataract Surgery in Scotland: Blueprint Toolkit	www.nhscfsd.co.uk/media/1dqm3x4w/cataract-surgery-blueprint-toolkit-v1-april-2023.pdf			
HIS Cataract Surgery Standards			www.healthcareimprovementscotland.scot/wp-content/uploads/2024/02/20231215-Cataract-surgery-standards-v2-0-Final.pdf	HIS Resource, MPPP sponsored
Cataract Surgery Including High Flow Care Pathways/ Infection Prevention and Control Principles			www.nhscfsd.co.uk/media/vjfd4dxy/2023-08-21-cataract-ipc-care-pathway-v1-1.pdf	NSS (ARHAI) resource, MPPP sponsored
Rapid Review of the Literature Post-cataract surgery endophthalmitis			www.nhscfsd.co.uk/media/qpydymxl/2023-07-26-cataract-swlg-rr-v10.pdf	NSS (ARHAI) resource, MPPP sponsored. Also linked in 'compendium'.
Additional cataract publications				The following are output documents from task and finish groups rather than resources, but may have relevant recommendations for Boards
Optometry Task and Finish Group (OTFG): Report and recommendations	www.nhscfsd.co.uk/media/vwihpvyd/final_cataract-optometry-task-and-finish-group-report-oct-23.pdf			



Cataracts				
	CfSD Website Link	Right Decisions	Other links	Notes
Cataract Whole Perioperative Team Development Group Summary and Recommendations	www.nhscfsd.co.uk/media/hsgl05z3/report-and-recommendations-v4-3rd-november-jt.docx			
CATARACT SURGERY TASK & FINISH GROUP The Contribution of Human Factors and Ergonomics to Optimising Clinical Work Design	www.nhscfsd.co.uk/media/bdrhmk5c/the-contribution-of-human-factors-and-ergonomics-to-optimising-clinical-work-design.pdf			

Day Surgery				
	CfSD Website Link	Right Decisions	Other links	Notes
The Day Surgery Pathway: A Blueprint for day surgery in Scotland	www.nhscfsd.co.uk/media/omyorsrf/day-surgery-blueprint-v10.pdf			
The Arthroplasty Day Surgery Pathway: A blueprint for day surgery in Scotland	www.nhscfsd.co.uk/media/plqdrihp/arthroplasty-day-surgery-blueprint-v10.pdf			
Day Surgery: Criteria Led Discharge for Registered Practitioners Clinical Competence Workbook	www.nhscfsd.co.uk/media/bt5ltm0h/day-surgery-criteria-led-discharge-for-registered-practitioners-clinical-competence-workbook.pdf			MS Word version also available.

Dermatology				
	CfSD Website Link	Right Decisions	Other links	Notes
Acne		rightdecisions.scot.nhs.uk/dermatology-pathways/acne/		
Actinic Keratosis		rightdecisions.scot.nhs.uk/dermatology-pathways/actinic-keratosis/		
Alopecia		rightdecisions.scot.nhs.uk/dermatology-pathways/alopecia/		
Atopic Eczema		rightdecisions.scot.nhs.uk/dermatology-pathways/atopic-eczema/		
Atopic Eczema (Paediatrics)		rightdecisions.scot.nhs.uk/dermatology-pathways/atopic-eczema-paediatric/		
Basal Cell Carcinoma		rightdecisions.scot.nhs.uk/dermatology-pathways/basal-cell-carcinoma/		
Benign Lesions		rightdecisions.scot.nhs.uk/dermatology-pathways/benign-lesions/		
Bowens		rightdecisions.scot.nhs.uk/dermatology-pathways/bowens/		



Dermatology				
	CfSD Website Link	Right Decisions	Other links	Notes
Fungal Nail Infections		rightdecisions.scot.nhs.uk/dermatology-pathways/fungal-nail-infections/		
Hyperhidrosis		rightdecisions.scot.nhs.uk/dermatology-pathways/hyperhidrosis/		
Melanoma		rightdecisions.scot.nhs.uk/dermatology-pathways/melanoma/		
Nummular discoid eczema		rightdecisions.scot.nhs.uk/dermatology-pathways/nummular-discoid-eczema/		
Pruritus		rightdecisions.scot.nhs.uk/dermatology-pathways/pruritus/		
Psoriasis		rightdecisions.scot.nhs.uk/dermatology-pathways/psoriasis/		
Rosacea		rightdecisions.scot.nhs.uk/dermatology-pathways/rosacea/		
Squamous Cell Carcinoma		rightdecisions.scot.nhs.uk/dermatology-pathways/squamous-cell-carcinoma/		
Urticaria		rightdecisions.scot.nhs.uk/dermatology-pathways/urticaria/		
Viral Warts		rightdecisions.scot.nhs.uk/dermatology-pathways/viral-warts/		
Vitiligo		rightdecisions.scot.nhs.uk/dermatology-pathways/vitiligo/		

Gastroenterology				
	CfSD Website Link	Right Decisions	Other links	Notes
Dysphagia Pathway (secondary care)	www.nhscfsd.co.uk/media/550oun2v/dysphagia-pathway.pdf			
Inflammatory Bowel Disease (IBD)	www.nhscfsd.co.uk/media/bzhh04z4/inflammatory-bowel-disease-ibd-pathway.pdf			
Irritable Bowel Syndrome (IBS)	www.nhscfsd.co.uk/media/kp3fzslf/irritable-bowel-syndrome-ibs-pathway.pdf			
Reflux	www.nhscfsd.co.uk/media/cmxi05u4/reflux-pathway.pdf			

General Surgery				
	CfSD Website Link	Right Decisions	Other links	Notes
ELLSA: Emergency Surgery Resource			learn.nes.nhs.scot/13211	



General Surgery				
	CfSD Website Link	Right Decisions	Other links	Notes
NERCI: Enhanced Recovery Resource			learn.nes.nhs.scot/10038	
Pre-Op Anaemia Pathway			learn.nes.nhs.scot/12220	

Gynaecology (+ Obstetrics)				
	CfSD Website Link	Right Decisions	Other links	Notes
Endometriosis	www.nhscfsd.co.uk/media/5uncwtng/nhs-scotland-endometriosis-pathway.pdf			Pathway under review
Enhanced Recovery for Obstetric Surgery in Scotland (EROSS) - Resources			learn.nes.nhs.scot/9047	
Heavy Menstrual Bleeding	www.nhscfsd.co.uk/media/osfjcpxe/nhs-scotland-heavy-menstrual-bleeding-pathway-v1.pdf			

IV Fluids				
	CfSD Website Link	Right Decisions	Other links	Notes
IV Fluids Prescribing: Calculator and Guidance		rightdecisions.scot.nhs.uk/iv-fluids-prescribing-calculator-and-guidance/		

Neurology				
	CfSD Website Link	Right Decisions	Other links	Notes
Functional Neurological Disorder	www.nhscfsd.co.uk/media/oc3bl5ss/fnd-national-pathway.pdf	rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/functional-neurological-disorder-fnd/		
National Headache Pathway: Including <ul style="list-style-type: none"> Acute Treatment of Migraine in Primary Care Headache Prophylaxis / Treatment advice Access to Imaging in Headache Migraine During Pregnancy and Following Childbirth Menstrual and Perimenopause Migraine Medication Overuse Headache Cluster Headache Indometacin Sensitive Headache Guidance 	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/neurology/national-headache-pathway/	rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/headache/		
Neuro GP Factsheet: Benign Sensory Symptoms	www.nhscfsd.co.uk/media/1dipgb2x/benign-sensory-symptoms-v2.pdf	rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/benign-sensory-symptoms/		



Neurology				
	CfSD Website Link	Right Decisions	Other links	Notes
Neuro GP Factsheet: Essential tremor	www.nhscfsd.co.uk/media/sd3ak33j/essential-tremor-v2.pdf	rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/essential-tremor/		
Neuro GP Factsheet: Facial pain referrals to neurology		rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/facial-pain-referrals-to-neurology/		
Neuro GP Factsheet: Multiple sclerosis (MS)	www.nhscfsd.co.uk/media/4rlin3xz/multiple-sclerosis-v2.pdf	rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/multiple-sclerosis-ms/		
Neuro GP Factsheet: Muscle twitches and cramps		rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/muscle-twitches-and-cramps/		
Neuro GP Factsheet: Phantosmia	www.nhscfsd.co.uk/media/r0fpz1g3/phantosmia-v2.pdf	rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/phantosmia/		
Neuro GP Factsheet: Probable mild axonal peripheral neuropathy	www.nhscfsd.co.uk/media/iz5m3lt0/peripheral-neuropathy-v2.pdf	rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/probable-mild-axonal-peripheral-neuropathy/		
Neuro GP Factsheet: Restless legs syndrome (RLS)	www.nhscfsd.co.uk/media/mksf5tik/restless-legs-v2.pdf	rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/restless-legs-syndrome-rls/		
Neuro GP Factsheet: Vertigo and dizziness	www.nhscfsd.co.uk/media/k12awfw/vertigo-and-dizziness-v2.pdf	rightdecisions.scot.nhs.uk/neurology-pathways-including-headache/gp-factsheets/vertigo-and-dizziness/		

Orthopaedics				
	CfSD Website Link	Right Decisions	Other links	Notes
ARISE: Preoperative care protocol for non-complex primary hip/knee joint replacement pathway	www.nhscfsd.co.uk/media/3sfbwzc/cfsd-arise-statement-version-02.pdf			
PIR Arthroplasty			learn.nes.nhs.scot/53393	
Scaphoid fracture	www.nhscfsd.co.uk/media/m10obpqi/cfsd-suspected-scaphoid-pathway-v1-final.pdf			
Statement Regarding Universal Arthroplasty Review Programmes	www.nhscfsd.co.uk/media/pp2kgrgv/consensus-statement-arthroplasty-followup-v2-nov21.pdf			

Rheumatology				
	CfSD Website Link	Right Decisions	Other links	Notes
Rheumatology Follow-up (Return) Outpatients (NHS Grampian case study)	www.nhscfsd.co.uk/media/pf5cq1jw/rheumatology-case-study-returns-nhs-grampian-110522.pdf			



Urology				
	CfSD Website Link	Right Decisions	Other links	Notes
National Urology Referral and Management Pathways Visible Haematuria Non-Visible Haematuria			learn.nes.nhs.scot/63716	Pathway under review

Vascular Surgery				
	CfSD Website Link	Right Decisions	Other links	Notes
Abdominal Aortic Aneurysm National Pathway	www.nhscfsd.co.uk/media/j2fpmg1s/nhs-scotland-abdominal-aortic-aneurysm-national-pathway.pdf	rightdecisions.scot.nhs.uk/vascular-surgery-pathways/abdominal-aortic-aneurysm-national-pathway/		
Chronic Limb Threatening Ischaemia national Pathway	www.nhscfsd.co.uk/media/objeo1ch/nhs-scotland-chronic-limb-threatening-ischaemia-national-pathway-v12-october-2023.pdf	rightdecisions.scot.nhs.uk/vascular-surgery-pathways/chronic-limb-threatening-ischaemia-national-pathway/		Pathway under review
Intermittent Claudication national Pathway	www.nhscfsd.co.uk/media/fhmf4fx/intermittent-claudication-pathway.pdf	rightdecisions.scot.nhs.uk/vascular-surgery-pathways/intermittent-claudication-national-pathway/		
Venous Leg Ulcer	www.nhscfsd.co.uk/media/cw2be3gt/nhs-scotland-venous-leg-ulcer-national-pathway.docx	rightdecisions.scot.nhs.uk/vascular-surgery-pathways/venous-leg-ulcer/		Pathway under review

Other Pathways and Resources				
	CfSD Website Link	Right Decisions	Other links	Notes
Active Clinical Referral Triage (ACRT) & Discharge Patient Initiated Review (PIR) TOOLKIT	www.nhscfsd.co.uk/media/i4zmi4eh/active-clinical-referral-triage-and-discharge-patient-initiated-review-toolkit.pdf			
Further individual case studies	www.nhscfsd.co.uk/our-work/all-national-pathways/case-studies-posters-and-presentations/			



Appendix 2: 2025/2026 Priorities

SDG / Workstream	Pathways – Promotion and Implementation	New Pathways to be developed	Processes	Workforce	Innovation
Breast	<ul style="list-style-type: none"> Breast Skin Issues Breast Pain Gynaecomastia Nipple Issues Axillary Issues 	<ul style="list-style-type: none"> B3 Lesions Potentially Preventable Admissions 	<ul style="list-style-type: none"> ACRT PIR 		
Cataract	<ul style="list-style-type: none"> Immediate Sequential Bilateral Cataract Surgery Cataract Blueprint 		<ul style="list-style-type: none"> Blueprint Toolkit 		<ul style="list-style-type: none"> Data Measurement
Critical Care		<ul style="list-style-type: none"> Rural/Remote Consulting Pathway Post ICU Recovery and Rehabilitation 	<ul style="list-style-type: none"> Discharge Data/ Patterns 	<ul style="list-style-type: none"> Medical Doctor training scheme Establishing networks for Nursing, AHPs, Pharmacy and ACCPs 	<ul style="list-style-type: none"> Equipment and Standardisation of consumables Digital Capabilities (Electronic Patient Record / Data use)
Dermatology	<ul style="list-style-type: none"> Ongoing development of Primary Care resource 	<ul style="list-style-type: none"> Work with NHS Inform to develop patient information Development of shared 'back to referrer' and patient information letters 	<ul style="list-style-type: none"> ACRT PIR Development of Primary Care benchmarking / audit Promote Patient Focused Booking and clinic utilisation 	<ul style="list-style-type: none"> Nurse development Publication of competency framework for nursing Team service planning Pharmacy roles 	<ul style="list-style-type: none"> ANIA Digital Dermatology rollout Exploring TrakCare / ANIA Functionality to support vetting
ENT		<ul style="list-style-type: none"> Vertigo Tinnitus Neck Lumps Unilateral Hearing Loss Tonsillectomy Pathway for Primary Care (Opt-in) 	<ul style="list-style-type: none"> ERAS for Tonsillectomy ACRT PIR 	<ul style="list-style-type: none"> Microsuction training for Nurses & Audiologists 	
Gastroenterology	<ul style="list-style-type: none"> Dysphagia Inflammatory Bowel Disease (IBS) Irritable Bowel Syndrome (IBD) Reflux Pathway 	<ul style="list-style-type: none"> Iron Deficiency Anaemia Lower GI Coeliac Unexplained Weight Loss Constipation Dyspepsia Increasing resources available for both patients and primary care 	<ul style="list-style-type: none"> ACRT PIR Increasing virtual appointments 		
General Surgery	<ul style="list-style-type: none"> ELLSA NERCI 	<ul style="list-style-type: none"> Bariatric Surgery Biliary Disease Inguinal Hernia 			<ul style="list-style-type: none"> Lean Trays
Gynaecology	<ul style="list-style-type: none"> Endometriosis Heavy Menstrual Bleeding 	<ul style="list-style-type: none"> Menopause Referral Pathway Post-Menopausal Bleeding Urinary Incontinence / Prolapse 	<ul style="list-style-type: none"> PIR Total Laparoscopic Hysterectomy – Day case Menstrual Problems Opt-in 	<ul style="list-style-type: none"> Specialist Nurse Network GP Education 	
Liver		<ul style="list-style-type: none"> Haemochromatosis Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) Early Detection of Liver Disease 			



SDG / Workstream	Pathways – Promotion and Implementation	New Pathways to be developed	Processes	Workforce	Innovation
Neurology	<ul style="list-style-type: none"> Headache Functional Neurological Disorder 	<ul style="list-style-type: none"> Epilepsy Facial Pain Parkinson's Disease and associated movement disorders Benign Neurological Symptoms 	<ul style="list-style-type: none"> ACRT PIR 	<ul style="list-style-type: none"> Clinical Nurse Specialist roles 	<ul style="list-style-type: none"> Utilising AI/LLM for data capture and reporting
Orthopaedics					
Perioperative	<ul style="list-style-type: none"> Framework for Perioperative Services in Scotland 		<ul style="list-style-type: none"> Protecting Planned Care Scheduling Preoperative Assessment High Volume/High Flow National Theatres Information Group (NTIG) 	<ul style="list-style-type: none"> Wider Perioperative Team Development 	<ul style="list-style-type: none"> Sustainability
Respiratory	<ul style="list-style-type: none"> Chronic Obstructive Pulmonary Disease (COPD) Severe Asthma 	<ul style="list-style-type: none"> Chronic Cough Interstitial Lung Disease (ILD) Obstructive Sleep Apnoea 	<ul style="list-style-type: none"> ACRT PIR Patient Focused Booking Job planning 	<ul style="list-style-type: none"> Advanced Physiotherapy Practitioner role Identify workforce gaps and opportunities Pathway gap analysis 	<ul style="list-style-type: none"> Sunrise Device (Sleep Apnoea Improvement Group)
Rheumatology		<ul style="list-style-type: none"> Musculoskeletal Conditions - Hand Osteoarthritis Musculoskeletal Conditions - Fibromyalgia 	<ul style="list-style-type: none"> ACRT PIR Establishment of a national dataset for Rheumatology in Scotland 	<ul style="list-style-type: none"> Advanced Practice – AHPs Advanced Practice - Nursing 	
Urology	<ul style="list-style-type: none"> Day surgery 	<ul style="list-style-type: none"> Benign Prostatic Hyperplasia (BPH) Ureteric Stone Pathway Urinary Tract Infections 	<ul style="list-style-type: none"> One Stop clinics 	<ul style="list-style-type: none"> Development of Advanced Practitioner Roles in urology Specialist Nurse Training 	<ul style="list-style-type: none"> NCIP Dashboards
Vascular Surgery	<ul style="list-style-type: none"> Abdominal Aortic Aneurysm Chronic Limb-Threatening Ischaemia Intermittent Claudication Venous Leg Ulcer 	<ul style="list-style-type: none"> Carotid Endarterectomy Aortic Dissection 	<ul style="list-style-type: none"> ACRT PIR 	<ul style="list-style-type: none"> Advanced Practice 	<ul style="list-style-type: none"> Green Vascular – Carbon Savings Data Capture
Cancer Prehabilitation	<ul style="list-style-type: none"> Prehabilitation (including development of core dataset) 		<ul style="list-style-type: none"> Prehabilitation screening Maggie's universal prehabilitation 	<ul style="list-style-type: none"> Maggie's education toolkit 	<ul style="list-style-type: none"> Role of digital in prehabilitation pathway
Primary Care / Secondary Care Interface		<ul style="list-style-type: none"> Primary Care Referral Rate data 	<ul style="list-style-type: none"> Development of Active Dissemination Framework PCSCI Delivery Group Establishment of Chronic Pain Network (CPIN) 	<ul style="list-style-type: none"> Chronic Pain: GP Cluster Training Supporting skilled practitioners in PC 	
PROMS			<ul style="list-style-type: none"> National Digital Platform – Information Governance Clinical Data Collection 		<ul style="list-style-type: none"> National Digital Platform development PHS Data Management / RedCap



Appendix 3: Links for Further Information

SDG / Workstream	Links to relevant webpage	National Improvement Advisor	Clinical Lead 2024/2025
Breast	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/symptomatic-breast/	Emma Whyte	Matthew Barber
Cataract	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/cataract/	Rosanne Macqueen	
Critical Care	Under development	Martin Cardno	
Dermatology	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/dermatology/	Jamie Cochrane	Fiona MacDonald
Ear, Nose and Throat (ENT)	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/ear-nose-and-throat/	Claire Rush	Andy Chin
Gastroenterology	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/gastroenterology/	Claire Rush	Rob Boulton-Jones
General Surgery	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/general-surgery/	Claire Rush Stephanie McNairney	Aileen McKinley
Gynaecology	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/gynaecology/	Katie Aitken	Lucky Saraswat
Liver	Under development	Claire Rush	Andrew Fraser
Neurology	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/neurology/	Stephanie McNairney	Richard Davenport
Orthopaedics	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/orthopaedics/	Margaret Wood Lech Rymaszewski	Edward Dunstan
Perioperative	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/perioperative/	Rosanne Macqueen	Brenda Wilson
Respiratory	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/respiratory/	Linda Sparks	Tom Fardon
Rheumatology	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/rheumatology/	Rosanne Macqueen	Lindsay Robertson
Urology	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/urology/	Katie Aitken	Karina Laing
Vascular Surgery	www.nhscfsd.co.uk/our-work/modernising-patient-pathways/specialty-delivery-groups/vascular-surgery/	Stephanie McNairney	Douglas Orr
Cancer Prehab	N/A	Katie Lyon	
Chronic Pain	N/A	Linda Sparks	Kieran Dinwoodie
Primary Care Secondary Care Interface	N/A	Linda Sparks	Stuart Sutton





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